

Ann Arbor YMCA Guest Emergency Contact Form

First Name: _____ Last Name: _____ Date of Birth: ___/___/___

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Emergency Contact Name (First and Last): _____

Relationship to Guest: _____ Emergency Contact Phone: (_____) _____ - _____

Required for ALL quests under the age of 18:

Parent/Guardian Name (First and Last): _____

Contact Phone Number: (_____) _____ - _____ Email: _____

Parent/Guardian Signature: _____ Date: ___/___/___

Your signature gives permission for the above minor to participate at the Ann Arbor YMCA.

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